



(Fu) 1654

<b>TRANSMITTAL FORM</b> <small>to be used for all correspondence after initial filing)</small>	Application Number	10/078,247	
	Filing Date	February 14, 2002	
	First Named Inventor	Paul A. WENDER	
	Art Unit	1654	
	Examiner Name	Satyanarayan R. Gudibande	
Mail Stop	Amendment	Attorney Docket Number	78400-013

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$ <u>60.00</u> <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> 1-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - <input type="checkbox"/> Compact Disk(s) - <u>   </u> CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s) (see remarks):  Claim Count <table border="1"><tr><td>Total Claims</td><td>35</td><td>- 35 =</td><td>0</td><td>New Claim No.</td><td>0</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 2 =</td><td>0</td><td></td><td>0</td></tr></table>	Total Claims	35	- 35 =	0	New Claim No.	0	Independent Claims	2	- 2 =	0		0
Total Claims	35	- 35 =	0	New Claim No.	0									
Independent Claims	2	- 2 =	0		0									

**REMARKS**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name (print/type)	Carol A. Schneider, Ph.D., J.D., Reg. No. 34,923 Mintz, Levin, Cohn Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature	<i>Carol A. Schneider</i>	Date	June 28, 2006

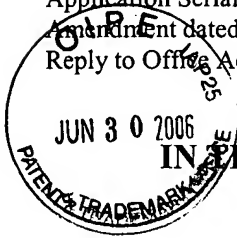
**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Katherine Stofer		
Signature	<i>Katherine Stofer</i>	Date	June 28, 2006

Application Serial No. 10/078,247  
Amendment dated June 28, 2006  
Reply to Office Action of March 15, 2006

Atty Dkt No. 78400-013  
Client No. S02-222



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Paul A. Wender et al.

Examiner: Satyanarayan R. Gudibande

Serial No.: 10/078,247

Group Art Unit: 1654

Filing Date: February 14, 2002

Confirmation No: 3262

Title: TRANSPORTERS COMPRISING  
SPACED ARGININE MOIETIES

**AMENDMENT UNDER 37 CFR § 1.111**  
**AND REQUEST FOR EXTENSION OF TIME**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is being filed in response to the Office Action mailed from the PTO on March 15, 2006. A one-month extension of time is requested, and the fee therefore accompanies this response. Please charge any underpayment and credit any overpayment to Deposit Account 18-0580. Please amend the application as indicated herein.

The Listing of the Claims begins on page 2 of this document. Amendments to the claims are reflected therein. With this amendment, claims 1, 4, 11 and 30 have been amended.

Remarks begin on page 11 of this document.

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